#### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO EASTERN DIVISION

In Re: : Chapter 13

Calvin D. Delp, Jr : JUDGE <u>CALDWELL</u> Constance L Delp : Case No. <u>12-54622</u>

:

#### MOTION TO MODIFY CHAPTER 13 PLAN

Now come Debtors, Calvin and Constance Delp, by and through counsel, Courtney A. Cousino, and hereby request this Court enter an Order modifying their Chapter 13 plan. Support for the Motion is set forth below.

#### **MEMORANDUM IN SUPPORT**

The Debtors' Chapter 13 plan was confirmed on August 7, 2012 and called for payments to the Trustee in the amount of \$800.00 per month for the remainder of the plan, but not to exceed 5 years, until the plan is complete. The plan was subsequently modified in October 2012 to modify their Chapter 13 Plan to lower the payment to \$600.00 per month for six (6) months starting in September 2012, then \$850.00 for the remainder of the plan. The general unsecured dividend is 1%.

The Debtors are requesting such modification because Debtor had a period of unemployment and even though he has now secured new employment the household income is lower. Debtors propose to modify their Chapter 13 Plan to pay \$600.00 per month for twelve (12) months starting in August 2014, then \$725.00 for the remainder of the plan. Debtors do not seek to decrease the unsecured dividend nor do they believe that the payment modification will violate the provisions of 11 U.S.C. \$1322(d) regarding plan length. Pursuant to LBR 3015-2(b)(5) an amended Schedule I and J are attached hereto respectively.

Accordingly, the Debtors request this Court enter an order modifying the plan to pay \$600.00 per month for twelve (12) months starting in August 2014, then \$725.00 for the remainder of the plan. The general unsecure dividend and all other terms of the confirmed plan shall remain unchanged.

Respectfully submitted,

/s/ Courtney A Cousino
Courtney A Cousino Perdue (0082136)
Attorney for Debtors
610 S. Third St.
Columbus, OH 43206
(614) 228-4435
(614) 228-3882 fax
courtney@fesenmyerlaw.com

#### **NOTICE OF MOTION**

Notice is hereby given that Debtor has filed the following papers with the Court: Motion for Modification.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one.)

If you do not want the court to grant the relief sought, or if you want the Court to consider your views thereon, then on or before twenty-one (21) days from the date of service of this Notice, you or your attorney must:

File with the Court a written request for a hearing along with a written response or an answer explaining your position. This pleading must be filed at Clerk of Courts, United States Bankruptcy Court, 170 N. High Street, Columbus, Ohio 43215. If you mail your request and response to the Court for filing, you must mail it early enough so the Court will receive it on or before the date stated above. The Court will send out a Notice of hearing. You must also mail a copy to:

Courtney A. Cousino, Esq Fesenmyer Law Offices, LLC 610 South Third Street Columbus, Ohio 43206

Office of the U.S. Trustee 170 N. High Street, #200 Columbus, Ohio 43215

Frank M. Pees - Chapter 13 Trustee 130 E. Wilson Bridge Road, Suite 200 Worthington, Ohio 43085

> Calvin & Constance Delp 1061 Strimple Avenue Columbus, Ohio 43229

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the Motion and may enter an order granting that relief pursuant to the provisions of Local Bankruptcy Rule 9013.

### **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing was mailed to the following parties whose names and addresses are set forth below by electronic and/or U.S. mail, postage prepaid, on August 26, 2014.

### By Electronic Notification to the following:

- Asst US Trustee (Col) ustpregion09.cb.ecf@usdoj.gov
- Jennifer Fate fate@mmmb.com, tiffany@mmmb.com
- Brian M Gianangeli bgianangeli@mifsudlaw.com
- Frank M Pees trustee@ch13.org

By first class postage prepaid regular U.S. Mail to the following:

#### **Debtors:**

Calvin & Constance Delp 1061 Strimple Avenue Columbus, Ohio 43229

#### **Creditors:**

See attached matrix

/s/ Courtney A. Cousino
Courtney A. Cousino (Perdue) (0082136)
Attorney for Debtors

#### Case 2:12-bk-54622 Doc 48 Filed 08/26/14 Entered 08/26/14 16:40:01 Desc Main Document Page 4 of 10

Fill in this information to id	entify your case:	
Debtor 1 C	alvin D Delp, Jr.	
Debtor 2 (Spouse, if filing)	onstance L Delp	
United States Bankruptcy	Court for the: SOUTHERN DISTRICT OF OHIO	
Case number (If known) 2:12-b	ok-54622	Check if this is:  An amended filing
Official Form B	61	A supplement showing post-petition chapter 13 income as of the following date:

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>	<ul><li>■ Employed</li><li>□ Not employed</li></ul>
	employers.	Occupation	Patient Transporter	Self-employed Hair Stylist
	Include part-time, seasonal, or self-employed work.	Employer's name	Ohio History Connection	None
	Occupation may include student or homemaker, if it applies.	Employer's address	800 E. 17th Avenue1492 E. Broad Street Columbus, OH 43211	_
		How long employed the	here?	since 1/2012

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

				For Debtor 1		ebtor 2 or iling spouse
2.	<b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$	1,828.67	\$	0.00
3.	Estimate and list monthly overtime pay.	3.	+\$	0.00	+\$	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$	1,828.67	\$_	0.00

Official Form B 6I Schedule I: Your Income page 1

	tor 1 tor 2	Calvin D Delp, Jr. Constance L Delp	-	Case	e number ( <i>if known</i> )	2:12-	bk-54622
	Сор	by line 4 here	4.	<b>Fo</b>	r Debtor 1 1,828.67		Debtor 2 or -filing spouse 0.00
5.	List	all payroll deductions:					
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ \$ \$ \$ \$ \$ \$	64.87 182.87 0.00 0.00 491.68 0.00 0.00	* * * * * * * * * * * * * * * * * * *	0.00 0.00 0.00 0.00 0.00 0.00 0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	739.42	\$	0.00
7. 8.		profession, or farm	7.	\$	1,089.25	\$	0.00
	8b. 8c.	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8a. 8b. 8c.	\$ <b>_</b>	0.00	\$ <u></u>	717.00
	8d.	Unemployment compensation	8d.	\$ \$	0.00	\$ <u></u>	0.00 0.00
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$_	0.00	\$	0.00
	8g.	Specify: Father's Social Security Pension or retirement income	— <sup>8f.</sup> 8g.	\$_ \$	940.00	\$ <u> </u>	0.00 0.00
	8h.	Other monthly income. Specify:	8h.+	· -	0.00	+ \$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	940.00	\$	717.00
10.		culate monthly income. Add line 7 + line 9.  I the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	10. \$		2,029.25 + \$_	7	17.00 = \$ 2,746.25
11.	Incluothe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	depen		•		chedule J. 11. +\$ 0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$ <b>2,746.25</b>
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?				Combined monthly income
	П	Yes, Explain:					

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	Calvin D Del	p, Jr.			Ch	eck if this is:	
					_		An amended filing	
	otor 2	Constance L	. Delp					wing post-petition chapter the following date:
(Spo	ouse, if filing)						13 expenses as or	the following date.
Unit	ed States Bank	ruptcy Court for the	: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
Cas	e number 2	:12-bk-54622						or Debtor 2 because Debtor
(If kı	nown)						2 maintains a sepa	arate household
Oi	fficial Fo	orm B 6J				•		
		J: Your	_ Exper	ises				12/1:
Be info	as complete ormation. If n	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this				
Par		ribe Your House	hold					
1.	Is this a joi							
	□ No. Go to	o line 2. e <b>s Debtor 2 live</b> i	in a conor	oto household?				
			iii a sepai	ate nousenoid?				
	■ N		st file a sep	parate Schedule J.				
2.	Do you hav	ve dependents?	□ No					
	Do not list Debtor 2.	Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				Father			□ No ■ Yes
					Daughter (coll	ege)	20	□ No ■ Yes
								□ No
								□ Yes □ No
								☐ Yes
3.	expenses of	penses include of people other to od your depende	han 👝	No Yes				
Est exp	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance if cluded it on <i>Schedule I:</i> Y			Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$	0.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's	s, or renter	's insurance		4b.		50.00
	•	•		ıpkeep expenses		4c.		30.00
	4d. Home	eowner's associat	tion or con	dominium dues		4d.	\$	0.00
5.	Additional	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

# Case 2:12-bk-54622 Doc 48 Filed 08/26/14 Entered 08/26/14 16:40:01 Desc Main Document Page 7 of 10

Willities   Section   Contractive   Contra	Debtor 1 Debtor 2	Calvin D Delp, Jr. Constance L Delp	Case number (if known)	2:12-bk-54622
Electricity, heat, natural gas	_ 00.0. 2	Constance L Delp	Case Hamber (II KHOWII)	
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6c. Other. Specify: 6c. Other Insurance Amount of the Specify: 6c. Other Specify: 6c. Ot	6. <b>Utili</b>			
6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 75.00 cd. Other. Specify: 6d. \$ 0.00 ct. \$ 0.00	6a.		6a. \$	250.00
6d. Other. Specify:	6b.		·	50.00
Section   Childcare and children's education costs	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	75.00
Childcare and children's education costs   8.	6d.	Other. Specify:	6d. \$	0.00
Clothing, laundry, and dry cleaning   9. \$   30.25	7. <b>Foo</b>	d and housekeeping supplies	7. \$	525.00
Personal care products and services	3. Chil	dcare and children's education costs	8. \$	0.00
Personal care products and services  Medical and dental expenses  Medical and dental expenses  No not include gas, maintenance, bus or train fare.  Do not include car payments.  Do not include car payments.  Do not include car payments.  Charitable contributions and religious donations  Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15c. Vehicle insurance. Specify:  15c. Vehicle insurance. Specify:  15d. Other insurance. Specify:  15d. Other insurance. Specify:  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other specify:  17d. Other specify:  17d. Other payments on the specify of this form on Schedule I:  17a. Car payments on the specify of this form on Schedule I:  17a. Car payments on the property  20a. \$  0.00  20b. Real estate taxes  20c. \$  0.00  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20d. Maintenance, repair, and upkeep expenses  Calculate your monthly expenses. Add lines 4 through 21.  The result is your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  The result is your monthly payenses from your expenses within the year after you file this form?	O. Clot	thing, laundry, and dry cleaning	9. \$	30.25
Medical and dental expenses	0. Pers	sonal care products and services	10. \$	36.00
Transportation. Include gas, maintenance, bus or train fare.  Do not include car payments.  Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 0.00 Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. \$ 0.00 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17exes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Property Tax 15c. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 6). 18c. Other payments you make to support others who do not live with you. 19c. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. S 0.00 20c. Property, homeowner's, or renter's insurance 20c. S 0.00 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, a	1. Med	lical and dental expenses	11. \$	60.00
Entertainment, clubs, recreation, newspapers, magazines, and books  13. \$ 0.00 Charitable contributions and religious donations Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15d. \$ 0.00 15c. Vehicle insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Specify: 15d. S 0.00 15d.	2. Trar	nsportation. Include gas, maintenance, bus or train fare.		
Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Life insurance 15c. \$ 0.00  15c. Vehicle insurance 15c. \$ 85.00  15d. Other insurance, Specify: 15d. \$ 0.00  15d. Other insurance, Specify: 17d. \$ 0.00  15d. Other Specify: 17d. \$ 0.00  17e. Car payments for Vehicle 1 17d. \$ 0.00  17c. Other, Specify: 17d. \$ 0.00  17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00  15d. Other payments of unit payments of other property won make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to support others who do not live with you. \$ 0.00  15d. Other payments you make to supp			12. \$	275.00
Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$ 0.00  15d. Other insurance. Specify: 17d. \$ 0.00  17b. \$ 0.00  17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17b. \$ 0.00  17d. Other. Specify: 17c. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other. Specify: 17d. \$ 0.00  17d. Other insurance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 15d. \$ 0.00  15d. Standard St	<ol><li>Ente</li></ol>	ertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15c. Other insurance. Specify: 15d. S 15d.	4. Cha	ritable contributions and religious donations	14. \$	0.00
15a. Life insurance       15a. \$       0.00         15b. Health insurance       15b. \$       0.00         15c. Vehicle insurance       15c. \$       85.00         15d. Other insurance. Specify:       15d. \$       0.00         Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       specify: Property Tax       16. \$       180.00         Installment or lease payments:       17a. \$       0.00       17b. Car payments for Vehicle 1       17a. \$       0.00         17b. Car payments for Vehicle 2       17b. \$       0.00       17c. \$       0.00         17c. Other. Specify:       17c. \$       0.00       0.00         17d. Other. Specify:       17d. \$       0.00         Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6i).       18. \$       0.00         Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       19.       0.00         Specify:       0.00       20a. \$       0.00         20b. Real estate taxes       20b. \$       0.00         20c. Property, homeowner's, or renter's insurance       20c. \$       0.00         20c. Homeowner's association or condominium dues       20c. \$       0.00 <t< td=""><td>5. <b>Ins</b>u</td><td>urance.</td><td></td><td></td></t<>	5. <b>Ins</b> u	urance.		
15b. Health insurance		, , ,		
15c. Vehicle insurance   15c. \$   85.00			· ·	0.00
15d. Other insurance. Specify:  Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  Property Tax  16. \$ 180.00  Installment or lease payments:  17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. S 0.00  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. S 0.00  17d. Other. Specify:  17d. S 0.00  17d. Other specify:  18			·	0.00
Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: Property Tax  Installment or lease payments:  17a. Car payments for Vehicle 1 17b. \$ 0.00 17b. Car payments for Vehicle 2 17c. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 17d. Specify: 18. \$ 0.00 18. \$ 0.00 19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's Medical and Living Expenses 21. +\$ 500.00 21. The result is your monthly expenses. 22. \$ 2,146.25 23b. Copy your monthly net income. 23a. Capy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,746.25 23b. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your expenses within the year after you file this form?	15c.	Vehicle insurance	·	85.00
Specify: Property Tax   16. \$   180.00     Installment or lease payments:   17a. \$   0.00     Total Car payments for Vehicle 1   17a. \$   0.00     Total Car payments for Vehicle 2   17b. \$   0.00     Total Other. Specify:   17c. \$   0.00     Total Other. Specify:   17d. \$   0.00     Total Other. Specify:   17d. \$   0.00     Total Other. Specify:   17d. \$   0.00     Total Payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).   18. \$   0.00     Other payments you make to support others who do not live with you. \$   0.00     Specify:   19.   0.00     Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.     20a. \$   0.00     20b. Real estate taxes   20b. \$   0.00     20c. Property, homeowner's, or renter's insurance   20c. \$   0.00     20c. Property, homeowner's, or renter's insurance   20c. \$   0.00     20d. Maintenance, repair, and upkeep expenses   20d. \$   0.00     20e. Homeowner's association or condominium dues   20e. \$   0.00     20e. Homeowner's association or condominium dues   20e. \$   0.00     20fter: Specify: Father's Medical and Living Expenses   21. +\$   500.00     Your monthly expenses. Add lines 4 through 21.   22.   \$   2,146.25     The result is your monthly expenses from your monthly income.   23a. Copy line 12 (your combined monthly income) from Schedule I.   23a. \$   2,746.25     23b. Copy your monthly expenses from your monthly income.   23c.   \$   600.00     Do you expect an increase or decrease in your expenses within the year after you file this form?	15d.	. Other insurance. Specify:	15d. \$	0.00
Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. \$ 0.00 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 19d. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Their's Medical and Living Expenses 21. +\$ 500.00 21. The result is your monthly expenses. 22. \$ 2,146.25 23b. Copy line 12 (your combined monthly income) from Schedule I. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your expenses within the year after you file this form?				
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 18. \$ 0.00 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. \$ 0.00 20b. Father's Medical and Living Expenses 21. +\$ 500.00 21. The result is your monthly expenses. 22. \$ 23. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,746.25 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	Spe	cify: Property Tax	16. \$	180.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Specify: 18. Specify: 19. Specify: 19				_
17c. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other spyments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 18. \$ 0.00 19. Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Homeowner's Medical and Living Expenses 21. +\$ 500.00 20e. Your monthly expenses. Add lines 4 through 21. 22. \$ 2,146.25 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,746.25 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly net income.		• •	· -	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. Maintenance, repair, and upkeep expenses  20e. \$  0.00  Other: Specify:  Father's Medical and Living Expenses  21. +\$  500.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses from line 22 above.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. Specifical Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your expenses within the year after you file this form?			17b. \$	0.00
Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$  0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20e. Homeowner's association or condominium dues  20e. \$  0.00  20e. Father's Medical and Living Expenses  21. +\$  500.00  Your monthly expenses. Add lines 4 through 21.  22. \$  2,146.25  The result is your monthly expenses from line 22 above.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$  2,746.25  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly net income.	17c.	Other. Specify:	17c. \$	0.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$  0.00  20b. Real estate taxes  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses  20d. \$  0.00  20e. Homeowner's association or condominium dues  20e. \$  0.00  Other: Specify: Father's Medical and Living Expenses  21. +\$  500.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly expenses.  Calculate your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly net income.  23c. \$  600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?	17d.	. Other. Specify:	17d. \$	0.00
Other payments you make to support others who do not live with you.  Specify:  Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$  Other: Specify: Father's Medical and Living Expenses 21. +\$  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$  600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?			s	0.00
Specify:			18. \$	
Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00 20e. Father's Medical and Living Expenses 21. +\$ 500.00 21. The result is your monthly expenses. Add lines 4 through 21. 22. \$ 2,146.25 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,746.25 23b. Copy your monthly expenses from line 22 above. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. Subtract your monthly expenses from your monthly income. 23c. \$ 23c. \$ 600.00 25c. The result is your monthly expenses from your expenses within the year after you file this form?			\$	0.00
20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00  Other: Specify: Father's Medical and Living Expenses 21. +\$ 500.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly expenses.  Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?				
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. \$ 0.00  Other: Specify: Father's Medical and Living Expenses 21. +\$ 500.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,746.25  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?				0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20f. \$ 0.00  Other: Specify: Father's Medical and Living Expenses 21. +\$ 500.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,746.25  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.  Do you expect an increase or decrease in your expenses within the year after you file this form?			· ·	
20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Specify: Father's Medical and Living Expenses 21. +\$ 500.00  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?			·	
20e. Homeowner's association or condominium dues  Other: Specify: Father's Medical and Living Expenses  Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 0.00  24. +\$ 500.00  25. \$ 2,146.25  26. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?			· —	0.00
Other: Specify: Father's Medical and Living Expenses 21. +\$ 500.00  Your monthly expenses. Add lines 4 through 21. 22. \$ 2,146.25  The result is your monthly expenses.  Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 2,746.25  23b. Copy your monthly expenses from line 22 above. 23b\$ 2,146.25  23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?				
Your monthly expenses. Add lines 4 through 21.  The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 2,146.25	20e.		· -	0.00
The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?	1. <b>Oth</b>	er: Specify: Father's Medical and Living Expenses	21. +\$	500.00
The result is your monthly expenses.  Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?	2 <b>Yo</b> u	r monthly expenses. Add lines 4 through 21	22 \$	2 146 25
Calculate your monthly net income.  23a. Copy line 12 (your combined monthly income) from Schedule I.  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 2,746.25  23d. \$ 2,746.25				2,140.23
23a. Copy line 12 (your combined monthly income) from Schedule I.  23a. \$ 2,746.25  23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your monthly net income.  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?		· · · · · · · · · · · · · · · · · · ·		
23b. Copy your monthly expenses from line 22 above.  23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?		•	23a. \$	2.746.25
23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?			23b\$	·
The result is your <i>monthly net income</i> .  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?				
The result is your <i>monthly net income</i> .  23c. \$ 600.00  Do you expect an increase or decrease in your expenses within the year after you file this form?	23c.	Subtract your monthly expenses from your monthly income.		
			23c. \$	600.00
modification to the terms of your mortgage?  No.	For e modi	example, do you expect to finish paying for your car loan within the year or do you expect your car loan within the year or do you expect your fification to the terms of your mortgage?		crease or decrease because of a
☐ Yes. Explain:				

Label Matrix for focal noticing Doc 48 Filed 08/26/14 Entered 08/26/14 16:40:01 Desc Main for American Infosource in as agent for Attn: Kovacka ent Page 8 of 10 InSolve Recovery LLC Case 2:12-bk-54622 460 Polaris Parkway Ste. 20 PO Box 269093 Westerville, OH 43082-8212 Southern District of Ohio Oklahoma City OK 731269093 Columbus Tue Aug 26 16:37:47 EDT 2014 American Tax Funding Servicing, LLC American Tax Funding, LLC Asst US Trustee (Col) 345 Jupiter Lakes Blvd., Ste 300 345 Jupiter Lakes Blvd, Ste 300 Office of the US Trustee Jupiter, FL 33458-7100 Jupiter, FL 33458-7100 170 North High Street Suite 200 Columbus, OH 43215-2417 Cars for Less Inc Collection City of Columbus 5240 Sinclair Road Income Tax Division 4200 International Pkwy Columbus, OH 43229-5419 Carrollton, TX 75007-1912 50 W. Gay St., 4th Floor Columbus, OH 43215-9037 Courtney A Cousino (Perdue) Crd Prt Asso Calvin D Delp Jr. Fesenmyer Law Offices, LLC Attn: Bankruptcy 1061 Strimple Avenue 610 S. Third Street Po Box 802068 Columbus, OH 43229-5046 Columbus, OH 43206-1026 Dallas, TX 75380-2068 Constance L Delp Department of the Treasury Enhanced Recovery Corp 1061 Strimple Avenue Internal Revenue Service Attention: Client Services Columbus, OH 43229-5046 PO Box 7346 8014 Bayberry Rd Philadelphia, PA 19101-7346 Jacksonville, FL 32256-7412 Jennifer Fate (p)CHOICE RECOVERY INC Fifth Third Bank Murray Murphy Moul + Basil LLP 1550 OLD HENDERSON ROAD Fifth Third Bank Bankruptcy Department, 1533 Lake Shore Drive **STE 100** 1830 East Paris Ave. Se COLUMBUS OH 43220-3662 Columbus, OH 43204-3899 Grand Rapids, MI 49546-6253 Franklin County Treasurer Brian M Gianangeli Peter J Gibson 373 S. High St., 17th Floor 6305 Emerald Parkway COX, KOLTAK & GIBSON, LLP Columbus, OH 43215-4591 Dublin, OH 43016-3241 5 East Long Street, Suite 200 Columbus, OH 43215-2915 Gracerecovry Jefferson Capital Systems LLC Jerry Townsend 8346 Tyler Bv PO BOX 7999 331 N. Galena Road Mentor, OH 44060-4221 SAINT CLOUD MN 56302-7999 Sunbury, OH 43074-9591 Keith A Miller Law Offices Of Charles Mifsud Natautoacpt 2935 Perdue Avenue 326 S High Street # 201 Po Box 06095 Columbus, OH 43224-4559 Columbus, OH 43215-4522 Columbus, OH 43206-0095 National Credit Services National Recovery Agen Nevada Professional Co

2491 Paxton St

Harrisburg, PA 17111-1036

10601 Grant Rd Ste 214

Houston, TX 77070-4476

17704 134th Ave NE

Woodinville, WA 98072-4605

Nuvell Credit Company 2:12-bk-54622 c/o Ally Financial LLC PO Box 130424 Roseville, MN 55113-0004

Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530

Doc 48 Filed 08/26/14

Entered 08/26/14 16:40:01 P.O. Box 182401 Columbus, OH 43218-2401

Ohio State Attorney General 30 E. Broad St. 17 Floor Columbus, OH 43215

Ohio State Department of Taxation 21st Floor 150 E. Gay St. Columbus, OH 43215-3191

Page 9 of 10

Ohio State University The Law Office of Charels Mifsud LLC 325 S High Street Annex Suite 201 Columbus OH 43215

Palisades Collection LLC P.O. Box 1244 Englewood Cliffs, NJ 07632-0244 Pcb 5500 New Albany Rd Ste 2 Westerville, OH 43082

Frank M Pees 130 East Wilson Bridge Road Suite 200 Worthington, OH 43085-2391

Quantum3 Group LLC as agent for World Financial Network Bank PO Box 788 Kirkland, WA 98083-0788

Rent-A-Center 1784 Morse Road Columbus, OH 43229-9524

Rjm Acq Llc 575 Underhill Blvd Ste 2 Syosset, NY 11791-3426

Rjm Acq Llc 575 Underhill Blvd. Suite 224 Syosset, NY 11791-3416 Rjm Acquisitions Llc 575 Underhill Blvd, Suite 224 Syosset, NY 11791-4437

Rutherford Funeral Homes 2382 N. High Street Columbus, OH 43202

Tandem QCA Income Partners dba Lockbourne Lodge 10610 Ashville Pike Lockbourne, OH 43137-9668

US Department of Education P.O. Box 4169 Greenville, TX 75403-4169

United Collect Bur Inc 5620 Southwyck Blvd Ste Toledo, OH 43614-1501

Verizon North P.O. Box 920041 Dallas, TX 75392-0041

Wfnnb/tsa Attention: Bankruptcy Po Box 182685 Columbus, OH 43218-2685

Wynona Holdings Inc 1925 E. Dublin-Granville Rd. 103 Columbus, OH 43229-3543

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Ffcc-columbus Inc 1550 Old Henderson Rd St Columbus, OH 43220

Case 2:12-bk-54622 Doc 48 Filed 08/26/14 Entered 08/26/14

Mailable recipients 50 Bypassed recipients 2 Total 52